

Housatonic Valley Health District Application For Permit to Construct A Sewage

This is not a permit to construct; construction must not begin until a permit is issued.

All permit applications must have a plan approval, which includes a sketch of the proposal showing the house, well locations, septic system system delta, etc.

Location:					
Street/Lot#		Town			
Owner Name:					
Owner Address:					
Installer Information	:				
Name:		Organization:			
License#		_ Phone:			
Address:					
Street		Towr	Town Zip C		
General Information:	: (Please check all t	hat apply)			
New Construction	Repair(Existing)	Residential	Commercial	Tank Only	
Water Supply:	Private Well	Community Well	Public W	/ater	
Tank Size:	Type of Lead	ching System:			
Effective Area (sq ft):_		Number of bedrooms/GPD:			
Signature of Licensed Installer				Date	
	OFF	ICE USE ONLY			
Plan Approved Date:_		Approved I	Approved by:		
Fee Amount Received	1:	Date:	Check#		